



APPLICATION FOR CREDIT

262-547-1600
1-800-558-0999

N4 W22610 BLUEMOUND ROAD • P.O. BOX 177 • WAUKESHA • WI • 53187 • (F) 262-544-8546 • E-MAIL: rent@uelc.com • WEB SITE: www.uelc.com

BUSINESS NAME: _____ PHONE: (_____) _____ - _____

BILLING ADDRESS: _____ FAX: (_____) _____ - _____

CORPORATE ADDRESS: _____

CITY, STATE, ZIP: _____

DESCRIPTION OF BUSINESS ACTIVITIES: _____

ORGANIZATION: Federal ID Number: _____ Year Business Started: _____

(Check one) [] CORPORATION State of Incorporation _____ Date of Incorporation _____

President: _____ Chief Financial Officer: _____

[] PARTNERSHIP (list names of partners below) [] PROPRIETORSHIP (list name of owner below)

Owner/Partner Name, Home Address Social Security # Date of Birth

BANK REFERENCE: Name: _____ Phone: (_____) _____

Address: _____

Checking A/C: _____ Loan #: _____

Contact: _____

TRADE/SUPPLIER REFERENCES:

Name Address

1. _____

Phone: (_____) _____ Fax: (_____) _____ Account No. _____

2. _____

Phone: (_____) _____ Fax: (_____) _____ Account No. _____

3. _____

Phone: (_____) _____ Fax: (_____) _____ Account No. _____

4. _____

Phone: (_____) _____ Fax: (_____) _____ Account No. _____

SALES TAX: [] TAXABLE County/local taxes which apply: _____

[] EXEMPT Please attach your completed exemption certificate with this application.

Check one: [] Resale [] Direct Pay [] Govt Unit

[] Other (explain) _____

We expect our first purchase to be on approximately _____. We expect our monthly credit requirement to be approximately \$_____.

REQUIRE P.O.# Yes No

All of the statements made in this application are true, correct, and made for purposes of securing credit with Utility Equipment Leasing Corporation. I authorize all bank and trade references to release reference information by telephone, fax, or in writing. In signing this application, I acknowledge terms of payment on Utility Equipment Leasing Corporation's invoices to be Net Upon Receipt. I hereby agree to abide by those terms and represent that I/the Company is financially capable of payment for all charges on account.

By: _____ Date: _____

(Owner/Partner/Authorized Corporate Signer/Title)

- Four office addresses: N4 W22610 Bluemound Rd., Waukesha, WI 53186; 2331 S. Baker Ave., Ontario, CA 91761; 500 Codisco Way, Sanford, FL 32771; 1979 Josh Rd., Ft. Worth, TX 76177; 3328 Concord Rd., York, PA 17402; 7551 14th Ave., Unit B, Sacramento, CA 95820.